Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

					cket Number (Optional) 575-181(255)		
	OIPE	In re Application of James VanSickle					
This is a request under the provisions of		Application Number 10/718,916			Filed 11/21/2003		
		For Self Inflating Pneumatic Seat Cushion Apparatus and Method					
		Group Art Unit Examiner TBA of 37 CFR 1.136(a) to extend the period for filing a		BA			
repl	y in the above identified application	n.	•	filing a			
(che	requested extension and approprieck time period desired):	·	llows				
	One month (37 CFR 1.17				\$	110.00	
	☑ Two months (37 CFR 1.17(a)(2))				\$	420.00	
	Three months (37 CFR 1	.17(a)(3))			· \$	950.00	
	Four months (37 CFR 1.1	7(a)(4))			\$	1,480.00	
	Five months (37 CFR 1.17(a)(5))				\$	2,010.00	
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$						
\boxtimes	A check in the amount of the fee is enclosed.						
	Payment by credit card. Form PTO-2038 is attached.						
	The Director has already been authorized to charge fees in this application to a Deposit Account.						
\boxtimes	The Director is hereby authorized or credit any overpayment, to Dep I have enclosed a duplicate copy	oosit Account Number 0	e required, 8-3460	·			
l aı	m the applicant/inventor						
	assignee of record of th Statement under 37	e entire interest. See 37 CFR 3.7 CFR 3.73(b) is enclosed. (Form	/1. PTO/SB/9	96).			
attorney or agent of record. Registration Number 50,788.							
	attorney or agent under Registration number if a	37 CFR 1.34(a). cting under 37 CFR 1.34(a)					
W	ARNING: Information on this for	m may become public. Credit	– card infori	nation sho	ould not		
De	included on this form. Provide	credit card information and au	thorizatio	n on PTO-	2038.		
	7-9-200 4 Date	Dan	ell (la-	-Ger		
	vate		Signatur	е			
	309-637-4900		David A. Chambers, 50,788				
NOT	Telephone Number		• •	r Printed Na			
forme	E: Signatures of all the inventors or assigned if more than one signature is required.	es or record of the entire interest or their	representativ	ve(s) are requ	iired. Submit	multiple	

Total of forms are submitted.